Professional Nursing Practice Manual

Community
Health Network

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![Community Health Network logo]

Our Mission:
Deeply committed to the communities we serve, we enhance health and well-being.

Our Vision:
To simply deliver an exceptional experience — with every life we touch.

Our PRIIDE Values:
The network's values are the foundation for our Standards of Behavior.

P **Patients First** – We believe that patients' needs, and the needs of their families, are our number one priority.

R **Relationships** – We are inclusive, working together as partners and teams.

I **Integrity** – We expect truth-telling and transparency.

I **Inclusion** – We strive to be an organization where caregivers feel empowered, respected and recognized as contributing members of the community.

D **Diversity** – We acknowledge, value and celebrate our collective experiences and differences by fostering an organizational culture that promotes a sense of belonging for our patients, caregivers and the communities we serve.

E **Excellence** – We provide access to a high quality and safe environment of care, known for high performance.

Professional Nursing Vision

To create a culture where professional nurses lead transformational collaborative practice.

EXCEPTIONAL CARE.
SIMPLY DELIVERED.

THE WAY WE CARE

The Community Way

Patients First
Relationships
Integrity
Inclusion
Diversity
Excellence

THE WAY WE LEAD

THE WAY WE IMPROVE

Professional Nursing Values

While supporting the network PRIIDE values, nurses within Community Health Network exhibit additional professional nursing values.

Collaborative Practice Environment
- Collaborative team-based practice within an Interprofessional environment assists in addressing complex client needs. Model improves quality, cost, access and efficiency of healthcare.

Relationships
- **Patient and Family Centered** – Care decisions are defined by the patient utilizing personalized values and preferences.
- **Professional** – Respectful collegiality between and amongst the healthcare team, respecting and affirming each other's unique scope of practice and contribution.

Innovation and Creativity
- Big ideas, small ideas, new ways to use old ideas, or anything that provides a solution in the quest to provide health care quality, efficiency, and cost effectiveness. Life-long learning and eagerness to improve care are evident.

Transformational Leadership
- Formal and informal leaders create environments that inspire all team members to broaden expectations and perceptions, while motivating others to achieve common goals.

Therapeutic Healing
- Compassion and care are conveyed through touch, a kind act, competent clinical interventions, active listening, and seeking to understand patient experiences which create healing relationships.

Wellness
- **Self** – Individuals possess the skill and knowledge to balance the demand of the job with their physical and emotional health and well-being. Self-care includes, but is not limited to, getting adequate sleep, exhibiting healthy behaviors, time for reflection, self-awareness, integrity, managing stress, articulating personal needs and values.
- **Patients** – Nurses, through evidence-based activities and education, guide and motivate patients toward a better state of personal health.

Eight Cornerstones of Nursing Practice

Eight Cornerstones of
Professional Practice of Nursing
at Community Health Network

Care of Patient, Caregivers & Self · Clinical Excellence · Career Development · Courage · Collaboration · Commitment · Celebration · Choice Employer · Professional Practice of Nursing

There are eight cornerstones that are the hallmark of our professional practice of nursing. These elements are intended to drive the strategy and professional development in all aspects of nursing practice. The cornerstones attract the best nurses and promote nursing excellence.

Care of Patient, Caregivers and Self
Therapeutic relationships are the hallmark of nursing practice. Utilizing our model of care framework we promote the wellness and health of patients/families, ourselves, caregivers and teams. This includes creating an environment of care that supports our professional nursing vision. (Koloroutis, 2004.)

Clinical Excellence
Using benchmarks like US News & World Report, IBM Watson Health 100 Top Hospitals, National Database of Nursing Quality Indicators (NDNQI) and others, we utilize data and research to achieve the best outcomes for patients and improve every patient's care experience. Our nurses utilize evidence-based practice to deliver the highest level of care for our patients and continue to advance nursing practice.

Career Development
Committing to the growth and development of our nurses; we encourage professional growth and mentorship. Our nurses have an opportunity for advancement through a professional development program that includes certification, preceptorship and other advancement and educational opportunities. We offer financial support through scholarships, tuition reimbursement etc.

Courage
Promoting a culture of advocacy, grounded in moral principles of fidelity and respect for the dignity, worth, and self-determination of patients. Our culture includes strong self, peer and patient advocacy. The Community Nurse is supported in a just culture that promotes speaking up for safety as a tenet of our practice.

Collaboration
Recognizing the Registered Nurse as a leader of care, we integrate resources that benefit the patient's care and experience, while supporting the quadruple aim. Presence, intentionality, focus, reflection, communication and validation are all essential components for planning, supporting and promoting intra-professional practice.

Commitment
Pledging high quality, safe care, which supports financial stewardship and aligns with the Community Health Network's mission, vision and values of Patients First, Relationships, Integrity, Inclusion, Diversity and Excellence. We support the ethical tradition of nursing which is self-reflective, enduring and distinctive.

Celebration
Acknowledging and rewarding the role of the nurse for their professional contribution to exemplary patient, caregiver, team and organizational outcomes. Through traditional and innovative celebratory programs, we recognize nursing excellence as contribution to our practice, and the communities we serve.

Choice Employer
Remaining the employer of choice through employee-driven rewards, benefits and competitive pay practices; Community Health Network fosters a culture of diversity, equity and inclusivity. Strong support is provided for continuing education, specialty certification and other benefits that promote work-life balance. Periodic review is performed to ensure market based equity.

Care Delivery Model / Nursing Theory

Relationship-Based Care (RBC) transforms cultures in support service departments, administrative departments and all clinical professional of Community Health Network. The Network's RBC journey started in the fall of 2017 within the hospitals and ambulatory settings and continues to spread to other areas throughout the network by Shared Governance Councils. Who can implement Relationship Based Care? Everyone can. The network is on a continuous journey of spreading the RBC model across the entire system.

RBC is an organizational model that encompasses primary nursing care as a core dimension. Community Health Network nursing care is delivered through a modified primary nursing model. This model supports high quality nursing care that is individualized to the patient and administered compassionately, competently, and with continuity (Wessel & Manthey, 2015). The primary RN works with the patient to identify their health needs, develop a plan of care, and provide direct care as appropriate. The patient's preferences and plan of care are shared with the nursing team to allow for continuity throughout the patient's healthcare encounter.

Positive outcomes associated with Primary Nursing:

- Increased autonomy and confidence by nursing staff to better manage nursing care
- Increased patient satisfaction by including them in their plan of care
- Nurses experience greater professional satisfaction
- Increased collaboration among the healthcare team
- Patients perceive improved communication
- Improved patient outcomes such as fewer falls, infections, and readmissions
- Patients report improved pain control

This is Our Journey

Professional nursing care at Community Health Network is based on Relationship-Based Care, A Model for Transforming Practice by Mary Koloroutis. Relationship-Based Care (RBC) is a philosophy, a way of being modeled after the nursing theory developed by Marie Manthey (A Quick Guide to Relationship-Based Care, 2017, p. 4). It empowers the people within an organization to align processes and structures of care delivery with the way they intend to relate to each other as people. (A Quick Guide to Relationship-Based Care, 2017, p. 4) It promotes a healing culture by focusing on three key

relationships: the relationship with self, with the team and with patients and families.

In RBC, the care provider utilizes three therapeutic relationships. That is, care of self, care of colleagues and care of patients and their families. To stay healthy and be emotionally available for others, caregivers pay attention to their own energy levels, are self-aware and mindful as they interaction and practice self-care for body, mind and spirit.

Relationships with colleagues focuses on healthy interpersonal relationships that in turn impact the patient experience. All team members model mutual respect, trust, open and honest communication and are consistent, and visible in that support.

Patient and family relationships are designed to prevent unnecessary suffering including delays, physical or emotional discomfort and lack of information about what is happening. Patients are seen, heard and cared for as individuals. (p 20, Quick Guide)

Relational Competencies

There are four relational core competencies aligned with RBC. The first of these is **Attuning.** Attuning is the practice of being present in the moment and "tuning in" to an individual or situation. It conveys openness, transparency, and genuine interest in the person. It's a connection with the patient and family with focus on their state of being whether physical, emotional, mental or spiritual. (Felgen, J., 2007, Wright, D., 2005).

The second relational core competency is **Wondering.** Wondering is the practice of being genuinely interested in a person. It requires an open-hearted curiosity about what can be learned about his/her unique individual, while intentionally suspending assumptions and judgment. (Felgen, J., 2007, Wright D., 2005).

The third important relational practice is the practice of **Following.** This practice focuses on listening to and focusing on what an individual is teaching us about what matters most to her or

him and allowing that information to guide our interactions. It involves consciously suspending our own agenda. (Felgen, J., 2007, Wright D., 2005).

The last relational practice is that of **Holding.** This practice is intentionally creating a safe haven to protect the safety and dignity of an individual. Holding is an act of devotion, a conscious decision to focus on the patient or family member while remembering the things people share and perhaps act on them. Holding is the natural result of attuning, wondering and following.

About Marie Manthey

Forty years ago, Marie Manthey introduced the care delivery model of Primary Nursing to the University of Minnesota hospitals. Today she continues to develop strategies and communication forums to discuss the voice of nursing and how to make that voice better heard. Marie believes the foundation of professional practice is rooted in relationships. Her love of nursing dates back to a lengthy childhood hospitalization and the caring she felt from her nurse. This encounter influenced a lifelong commitment to help those who feel vulnerable experience that same caring feeling.

Manthey believes that we experience the essence of care in the moment when one human being connects to another. When compassion and care are conveyed through touch, a kind act, through competent clinical interventions, or through listening and seeking to understand the other's experience, a healing relationship is created. This is the heart of Relationship-Based Care.

Nursing Roles and Competencies

Scope of Practice

At Community Health Network, our nurse's identity can be described by our professional Practice Model focusing on Relationship-Based Care (RBC). As experts in our field of knowledge, Community nurses are leaders relative to practice excellence, professional accountability and autonomous practice. This is largely because our identity is supported by relationships and caring, critical thinking, technical expertise and evidence-based practice while being propelled by transformational leadership.

Community Health Network live out these components by: managing our practice at the bedside and ambulatory sites, various decision-making tables, collaborating within Interprofessional teams, and making the patient and family the center of our initiatives. Nursing occurs in any environment where there is a healthcare consumer in need of care, information, or advocacy. Delivery of care and how it is organized may differ between care settings, however the relationship based care components drive initiatives through the nursing and interprofessional teams.

Nursing roles

Educator: Regardless of where you work, teaching is part of nursing. Nurses understand the importance of cultural, religious, ethical, clinical diagnosis and other factors when educating patients.

Advocator: Nurses have long been responsible for the practice of patient advocacy that is supporting the patient's beliefs and wishes. Patient advocacy is one of the ethical expectations for nurses.

Systems Thinker: Nurses understand how components of a complex healthcare system influence the overall care of the patient. Systems thinking can be viewed on a continuum, ranging from individual to larger internal and external environmental components across the care continuum.

Manager: Nurse Managers influence others to work together to accomplish specific goals. The manager's role can be different depending on the location of care, but is a learned process requiring and understanding of the needs and goals necessary to influence others.

Collaborator/Coordinator: The nurse consistently and continuously reviews the plan of care to insure that all of the appropriate disciplines within the multidisciplinary team are contributing their services to seamlessly move the client toward their expected outcomes and health goals.

Leader: Nurses transform the operations and culture of Community Health Network by affecting positive change in the systems and structures used to care for our patients, running our business, managing our people and fulfilling our mission. "The Way We Lead" at Community Health Network focuses on how our leaders can lead more effectively, so that we are all working in the same direction, achieving the results desired and enjoying our work together.

Researcher/Change Agent: The nurse acts as a researcher/change agent when they wish to improve client care. Nurses have awareness of the process and language of research and process improvement. Nurses participate in the identification of significant problems and are leaders of change.

Care Provider: The role of the nurse is to advocate and care for individuals of all ethnic, religious and racial backgrounds. Nursing is committed to cultural competence and diversity by providing an environment that supports individuals through health and illness; achieving the best outcomes.

Innovator: Nurses are natural innovators as they are often faced with circumstances that require creative solutions. These solutions have value as they impact the lives of patients and families. They utilize their personal influence to empower others and challenge the status quo.
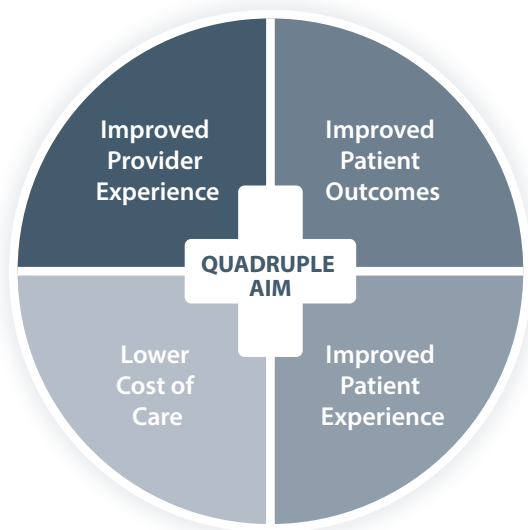
Quadruple Aim Focus

(Johnson, S., 2020)

The Quadruple Aim is similar to a compass in that it guides the direction a health system needs to go in, including both patients and healthcare providers. This Aim closely relates to our current model of care, mission, vision and values.

The Quadruple Aim focuses on the simultaneous pursuit of four aims:

1. **Improving the Experience of Care**
   Patients expect and deserve excellent care. Hospitals invest time and effort into understanding the root causes of problems while designing processes to prevent them.

2. **Improving the Health of Populations**
   Hospitals and health systems have a responsibility to reach out to their communities to improve health, impact disease incidence increase life expectancy, reduce risk status and influence health and functional status.

3. **Reducing Per Capita Costs of Health Care**
   Reducing costs by providing safer care tends to be less expensive care. Hospitals expend great effort to reduce expensive readmissions among high utilization user that also translates into lower costs. Readmission reduction is one way to reduce the costs of health care.

4. **Workforce Experience**
   Workforce experience addresses the ongoing work to improve the work life of clinicians and staff. This aim focuses on creating the conditions for the healthcare workforce to find joy and meaning in their work and in doing so, improves the experience of providing care.

Governance and Decision Making

The purpose of shared governance and decision making is to provide a structure and a process for ensuring a practice that is based on standards and evidence, ensuring competency and evaluating and improving practice for professional nursing.

Community Health Network Professional Shared Governance Model Diagram

Clinic Area/Unit/Department
Focus (closest to point of service & care)
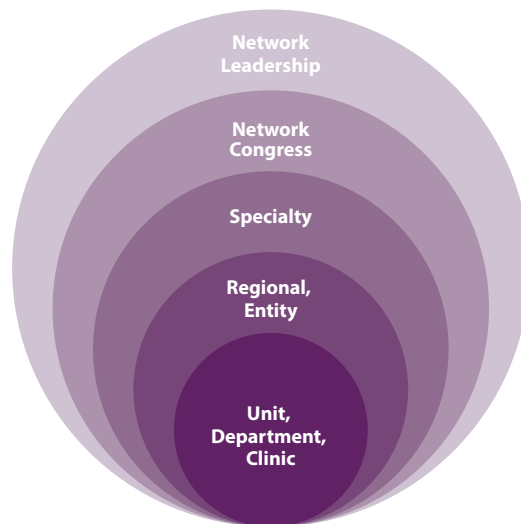
Regional/Entity
(Clinic/Hospital Wide)

Specialty
(area or service focus)

Network Congress
(Firstline)

Network Leadership
(Network Chief Nursing Officer & Executive Leadership Teams: Nursing & Operational)

Ambulatory specific integration levels are: Practice Council > Results Council at Joint Operations Team > All Manager/ Clinical Supervisor Meeting

Professional Shared Governance is integrated throughout local Locations, Regions, and Specialties.
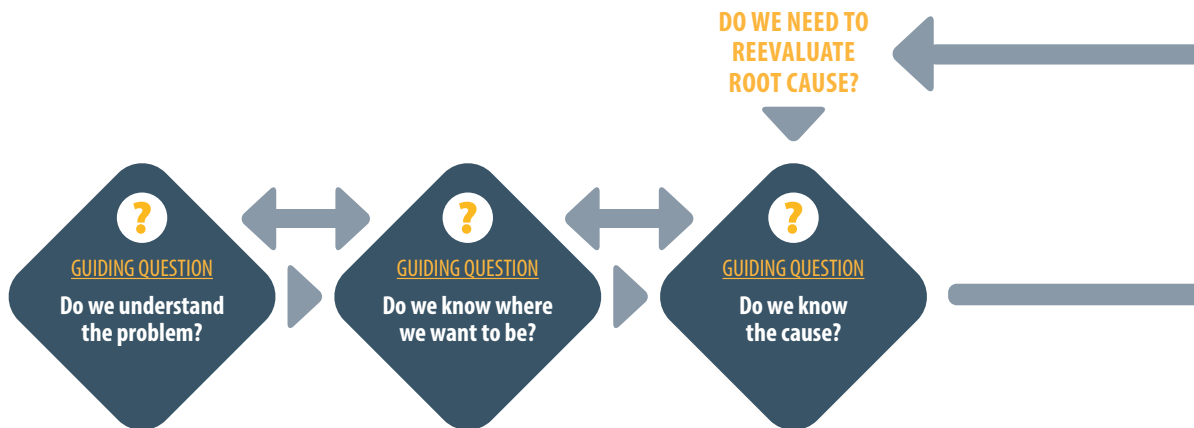

Network Leadership
Network Congress
Specialty
Regional, Entity
Unit, Department, Clinic

Nursing Research

	Research	Evidence-Based Practice (EBP)	Process Improvement (PI)
Definition	Applies a methodology to generate new knowledge or validate existing knowledge based on a theory	Translates best clinical evidence from research to make patient care decisions	Systematic, data-driven, evaluation of processes of care and clinical outcomes based on EBP and research
Process	Process of systematic, scientific inquiry, rigorous methodology to answer a research question and test a hypothesis	Process begins with a question that may be founded from a problem or knowledge gap *(PICO question)	Literature review of EBP and Research to guide and support process improvement strategies
Structure	Process begins with a question and systematic review of literature, including critical appraisal, to identify knowledge gaps	Practice guidelines may include clinical expertise and knowledge gained through experience	Systemic method for improving processes and outcomes within an organization based on philosophy of continuous quality improvement
Outcomes	Measurable variables to describe, explain, predict, develop meaning, discovery, or understanding about a phenomenon	Systematic review of literature, including critical appraisal, to find the best available evidence and whether the evidence supports practice change	The Way We Improve (TWWI)
Examples	Providing adequate nutrition and supplements to hospitalized older adults is a clinical factor that reduces the likelihood of developing a pressure ulcer	Assess risk for pressure ulcer development using the Braden Scale as an Evidence Based tool.	Reduce the number of patients who develop pressure ulcers

Process Improvement Methodology – The Way We Improve 7-Step Process

DO WE NEED TO REEVALUATE ROOT CAUSE?

?
GUIDING QUESTION
Do we understand the problem?

?
GUIDING QUESTION
Do we know where we want to be?

?
GUIDING QUESTION
Do we know the cause?

TOLLGATES

1
Analyze the Opportunity and Define the Problem

2
Scope the Opportunity and Set SMART Goals

3
Explore Root Causes and Set SMART Process Aims

☐ **Cohort visualized**

☐ **Outcome metrics visualized**

☐ **Baselines set**

☐ **Process aims and metrics visualized**
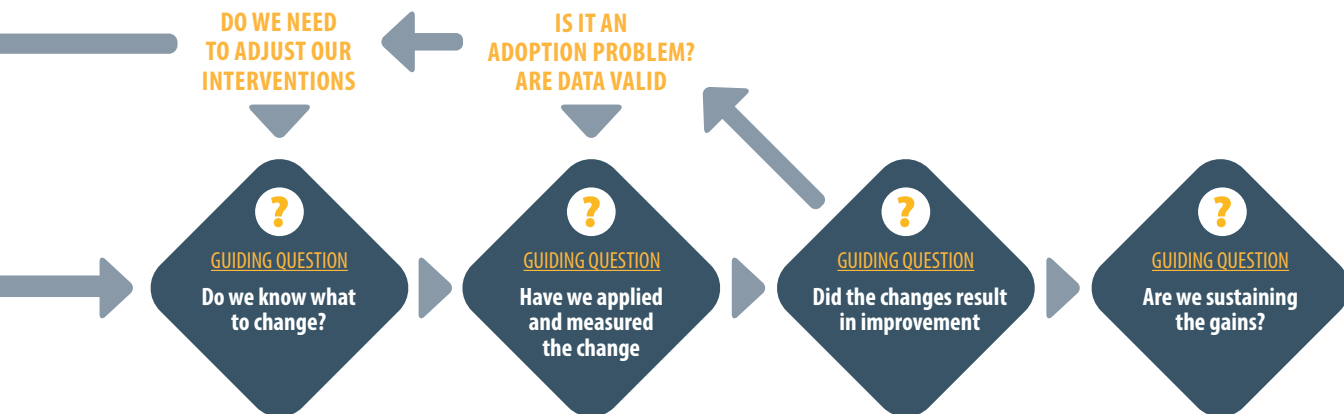
☐ **Baselines Set**

DATA AND METRIC VALIDATION

The Way We Improve is a framework the network has adopted to be our single common method for problem solving and improvement.

This framework is compatible with multiple improvement methodologies such as Lean, Six Sigma, PDCA, DMAIC, Agile and Design Thinking.

Seven guiding questions within associated tollgates are the basis of the methodology.

DO WE NEED TO ADJUST OUR INTERVENTIONS

IS IT AN ADOPTION PROBLEM? ARE DATA VALID

?
GUIDING QUESTION
Do we know what to change?

?
GUIDING QUESTION
Have we applied and measured the change

?
GUIDING QUESTION
Did the changes result in improvement

?
GUIDING QUESTION
Are we sustaining the gains?

TOLLGATES

4
Design Interventions and Plan Initial Implementation

5
Implement Interventions and Measure Results

6
Monitor, Adjust, and Continually Learn

7
Diffuse and Sustain

☐ **Interventions and metrics approved**
☐ **Analytics integrated into clinical and operational**

☐ **Initial implementation results evaluated**
☐ **Implementation rollout with metrics**

☐ **Measure progress**
☐ **Adapt**
☐ **Spread**
☐ **Celebrate successes**

☐ **System measures**
☐ **Process stable or intervene**
☐ **Sustained improvement**

INTEGRATION IN THE WORKFLOW

Network Nursing Research

The purpose of Network Nursing Research is to position nursing research and evidence-based practice as two critical elements basic to nursing care in the Community Health Network. The network strives to increase involvement of nursing staff in research and its translation into practice.

Internal Venues for Nursing Research Dissemination

The call for submissions circulate prior to the events. Podium and Poster presentations are solicited via abstract submission.

- **Network Nursing Research Symposium (fall)**
  The annual Network Nursing Research Symposium is held each fall for nurses from the network to share research experiences, disseminate study findings and network with colleagues. Abstracts for candidates interested in either poster or podium submissions are requested in late spring/early summer.

- **Multidisciplinary Research Symposium (spring)**
  The Multidisciplinary Research Symposium is held each spring. The symposium event encourages shared research experiences, dissemination of findings and the opportunity to network with colleagues. Pharmacy, physical therapy, medical residency, nursing and other disciplines work is featured at the event. Abstracts for candidates interested in either poster or podium submission is requested in late fall/early winter.

External Venues for Nursing Research Dissemination

There are local, state and national opportunities for presentation, and or publication. Additional information is available through specialty organizations or peer reviewed professional journals.

Grants

There may be outside funding available to assist with research/project costs. All funding is made available through Community Health Network Foundation.

Institutional Review Board (IRB)

An Institutional Review Board (IRB) is a federally mandated entity that oversees the protection of human subjects in research. IRBs help protect subjects by mitigating potential risks to participants, including their physical and psychological well-being, confidentiality and privacy, and autonomy.

The Community Health Network IRB oversees human subjects research conducted

at Community Health Network. The Human Subjects Office within the Office of Research Administration (ORA) provides administrative support for the IRB.

At Community Health Network , the IRB must review all research involving human subjects, and the research cannot begin until the IRB has provided a written determination. This is true even if a researcher perceives there are no risks to participants in his or her research. If a researcher believes that his or her project does not qualify as human subject's research, the researcher is still responsible for obtaining a written concurrence from the Human Subjects Office before beginning any project.

Note: External IRBs are not allowed without explicit permission from ORA and legal department for studies in areas under the Federalwide Assurance (FWA). (K. B. Robinson, March 20, 2020)

Innovation

At the bedside and in practice nurses are encouraged and supported to implement new ideas into practice in new ways. Innovation is a core value; its prominence and need in health care continues to increase. Addressing the complexities of health care delivery requires creative solutions and innovative approaches that challenge the status quo. Building a culture of innovation requires developing skills that will allow for ongoing change and improvement.

Community Health Network and Banyan Medical Systems partner to introduce VITAL (Virtual Innovative TransformationAL Nursing Care), the program places a virtual nurse for all patients on pilot units to work hand in hand with bedside nurses and the rest of the care team. Grant sponsored by Johnson & Johnson.

System of Recognition and Reward

Nursing Excellence Awards Celebration
Society of Nursing Excellence

In 2003, Network Chief Nursing Officer Janet Bingle, RN, envisioned and created the Society for Nursing Excellence to advance the practice of nursing through leadership, excellence and scholarship among nurses within Community Health Network. The Society for Nursing Excellence (SNE) is an endowed fund within the Community Health Network Foundation. The SNE leaves an enduring legacy for nurses now and in the future. Annually, nurses are nominated by their peers to honor an excellent Community Nurse. The SNE provides the awards for these exceptional nurses in the following categories:

Evidence-Based Practice: Conscientiously uses current best practice evidence in making decisions regarding patient care.

Patient-Focused Care: Provides care that is respectful of and responsive to individual patient preferences, needs and values, and ensures that patients' values guide all clinical decisions.

Facilitative Leadership: Develops and supports the Community culture by demonstrating an understanding of effective group dynamics, encouraging self-improvement, giving clear and consistent expectations and valuing individuals' unique qualities.

Therapeutic Relationships: Displays ART (advocacy, respect and truth-telling); nurtures faith and hope; is sensitive to self and others.

Art and Science of Nursing: Uses scientific nursing knowledge and compassion to respond to patients' physical, emotional and spiritual needs.

Jan Bingle Lifetime Achievement: Awarded to a nurse to honor their contribution and dedication to nursing over the span of a career.

Daisy Award (Individual, Team, Leadership)
The Daisy Foundation

The Daisy Award is a national program that recognizes nursing excellence. In memory of Patrick, the Barnes family recalled the skillful and compassionate care Patrick received from his nurses during his hospitalization. Nurses are nominated by anyone in the organization who experiences or observes extraordinary compassionate care being provided by a nurse. (daisyfoundation.org/daisy-award)

Sunflower Award
Community Shared Governance

The Sunflower award honors a patient care support team member that continuously strives to enhance the patient experience by providing exceptional care, and exemplifies the kind of person that our patients, families and staff see as an outstanding role model.

Nurses Week Celebration
Nurses Week/Healthcare Team Week

Annual celebration including various events celebrating healthcare teams. Events specific for Nurses are planned during this week, including the celebration of Florence Nightingale's Birthday on May 12, 1820.

National Certified Nurses Day
Community Nursing celebrated on March 19

Nursing Certification is a hallmark of care excellence and key to growing and retaining exceptional nurses. The Network celebrates Certified Nurses annually on March 19th (National Certified Nurses Day). The newly certified nurse will receive a scrub jacket and Certified badge.

Additional Reward Programs
The network offers a variety of additional reward programs including, but not limited to: Difference Maker, Safety Hero Award, Employee of the Month, All-Star Award and Patient Safety Awards.

Professional Practice

Professional Development Program

The Nursing Professional Development Program (NPDP) is a voluntary nursing program that recognizes the importance of developing nursing excellence while retaining professional practice expertise. RNs may participate in the program if they meet the following criteria:

- Have an employment commitment of at least a 0.6 FTE
- Spend at least 50% of their work hours in direct patient care
- Have been a registered nurse for at least one year
- Have been employed in their current position with Community Health Network for at least one year

The NPDP is based on the Relationship-Based Care Model that recognizes the meaning and essence of connecting with others as nurses meet the complex, changing demands of their clinical practice. Program participants select one of three possible achievement levels. Although nurses are encouraged to begin participation in the program at Level 1 and progress to higher levels in subsequent years, a nurse may begin at any level if requirements to participate at that level are met. Requirements of each level are as follows:

Level 1-Advanced: Licensure as a registered nurse for minimum of one year

Level 2-Proficient: Licensure as a registered nurse for minimum of one year with at least a bachelor's degree in Nursing

Level 3-Expert: Licensure as a registered nurse for minimum of one year with at least a bachelor's degree in Nursing

Once a nurse has applied for a level, they will have one year to meet the accomplishments required of that level. Each level has opportunities for achievement in five different domains: clinical excellence, care of patient, caregivers, self, collaboration, commitment, and courage. Upon conclusion of the year, the participant submits an electronic portfolio highlighting their accomplishments which is reviewed by the NPDP committee.

Benefits of participation in the NPDP include:
- Enhanced clinical practice
- Acquisition of new skills-both clinical and interpersonal
- Broadened network of professional colleagues

For more information visit the Nursing Professional Development Program page on QR

Nurse Residency

The Nurse Residency Programs focuses on new graduate nurses as they enter practice. The evidenced-based curriculum is layered on top of orientation to provide mentored clinical relationships which support development as a professional nurse. The program focuses on leadership, patient outcomes and professional development.

Operating Room (OR) RN Residency Program

Leadership training and development provides support and teaches essential skills and techniques needed for success. From Patient Care Coordinator (PCC) to Chief Nurse Executive (CNE) and beyond; there is ongoing support for professional growth and development. Mentoring programs are also available to support successful integration into new roles.

Leadership Development

Leadership training and development support helps teach essential skills and techniques needed for success. From Patient Care Coordinator (PCC) to Chief Nurse Executive (CNE) and beyond there is ongoing support for professional growth and development. Mentoring programs are also available to support successful integration into new roles.

Mentorship and Preceptorship

Mentorship

A mentoring relationship can occur at any phase of an individual's career, whether a new graduate, an experienced nurse assuming a nurse manager position or a clinical nurse specialist (CNS) in a new role, or even an established clinician taking on an enhanced role.

Mentors are available at all levels of practice to support and assist the mentee with new role acclimation and career development. Our Mentorship program is available for individuals regardless of their work area, hospital or location throughout the network. Additional information can be obtained from mentoring@eCommunity.com.

Preceptorship

The preceptor is positioned to facilitate the transition to practice regardless of the role within the network. To assure successful transition, the RN or LPN must acquire new knowledge, attitudes and skills. The preceptor's role is to guide the new hire through the acclimation process of their new position.

A preceptor workshop is available for those nurses that are interested in

becoming a preceptor. The preceptor program embraces Patricia Benner's Novice to Expert Theory (1984) and the work of Donna Wright (2005) on competency assessment.

Nursing Students

Community Health Network is dedicated to fostering the professional development of nursing students. Nursing students at all educational levels, play an important role in the fabric of the network. The network respects the insights and contributions of students as the nurse leaders of tomorrow.

Nursing Pipeline Programs

Nursing Academy

The Nursing Academy is a unique academic partnership between Community Health Network and the University of Indianapolis that offers an accelerated pathway for students who meet the University of Indianapolis Bachelor of Science (BSN) admission requirements and have already completed all designated prerequisites to earn a Bachelor of Science in Nursing degree. The purpose of the Academy is to improve the health and well-being of Central Indiana residents through the creation of a work-ready pipeline of highly educated nurses, initiating their career and remaining at Community Health Network. Students admitted to the Academy will complete of their clinical experiences at Community Health Network, gain employment as a student intern and receive the opportunity for a $10,000 scholarship in exchange for a 2-year work commitment post-graduation.

SPARK Program

The nursing SPARK program was created to help promising nursing students complete their education while getting crucial hands-on experiences at Community Health Network.

Students hired into the Nursing SPARK Program have a variety of opportunities to grow into great nurses. SPARK students receive:

- A paid position as a senior patient care technician – student extern
- Flexible work schedule around nursing school
- The opportunity to build confidence and relationship skills for the nursing workforce
- Option to complete a capstone project or immersion experience at Community Health Network
- Mentorship offered by experienced RNs
- Opportunities to shadow clinical areas of interest and nursing leaders
- Ability to work on various units and levels of care
- A pathway to hire into a new graduate position after nursing school

MA to RN Pathway

The Medical Assistant (MA) to RN Talent Pipeline Program is an earn-and-learn model where Community Medical Assistants attend nursing school full-time in Ivy Tech Nursing School's Medical Assistant to Associate of Science in Nursing Transition Track (MA to ASN Transition Track) and work part-time while still receiving full-time pay and employee benefits. Graduates of Ivy Tech's MA to ASN Transition Track earn their Associate of Science in Nursing (ASN) and are eligible to take the licensure examination for Registered Nurses in as little as 18 months.

Certification

Community Health Network Nursing Excellence Foundation supports RNs in obtaining their specialty certification. Board certification is an increasingly important key factor in the assurance of high standards of knowledge, skills, and abilities in nursing specialty practice that contribute to better patient outcomes. While a registered nurse license provides entry to general nursing practice, the knowledge-intensive requirements of modern nursing require extensive education, as well as a strong personal commitment to excellence by the nurse (J. Putnam March 23, 2022). Community Health Network RNs can attend specialty exam review courses for free and exam vouchers are given to ensure our nurses have no upfront costs for certification. Nurses who successfully complete their certification exam are provided a certified nurses jacket and badge buddy to indicate their accomplishment.   Ongoing recertification expenses are covered as well.

Continuing Education

Community Health Network is committed to continuing education and development of staff by ensuring the principles of adult education, evidence-based practice and research are woven into all continuing education programs. Community is approved with disctinction as a provider of nursing continuing professional development by the Ohio Nurses Association, an approved provider by the American Nurses Credentialing Center's Commission on Accreditation Over 200 educational sessions a year are offered to Community nurses at various locations throughout the network. Offerings include live and virtual classes to self-learning modules; nurses at Community can choose from many learning opportunities. These courses provide contact hours, which support our certification/recertification efforts.

Nursing Scholarships

We are excited to have the opportunity to invest in growing the capabilities of our workforce so we may continue to do what we do best — Exceptional care. Simply delivered.

Some of the nursing scholarships available include:
- The Pernas Jacobs Nursing Education Scholarship Endowment
- Isenberg Scholarship Endowment
- The Health Careers Scholarship Endowment
- The Kenneth Stanley Scholarship Endowment
- The Michael Yacko Scholarship Endowment
- The Physician Memorial Scholarship Endowment and
- The Nursing Excellence Scholarship

The criteria and process for applying for these scholarships can be found via the HR Portal at **eCommunity.com/nursingscholarships**.

Nursing Scholarships are available through a variety of professional organizations, colleges, and universities. Requirements and deadlines for submitting applications for scholarships vary from site to site.

Market Analysis/Job Family Review

Annually, the network compensation department reviews pay ranges and the pay of our caregivers and jobs to the local, regional and national market. Our compensation team conducts research using local, regional and national job survey data from over 40 salary surveys. Added attention is given to the mission critical positions like direct care positions. Jobs that are found to be lagging the market are recommended for an adjustment and this is discussed with the area senior leaders. Once approval is obtained, pay changes are communicated to caregivers by departmental leadership. (A. Wilson, March 15, 2020)

Professional Nursing Practice Evaluation

Professional Nursing Practice Evaluation is a component of shared governance that is a tool for advancing nursing practice while promoting patient safety. It is related to a focus on evidence-based nursing practice and assists in guiding the profession to new evidence-based interventions as they are identified. Professional Nursing Practice Evaluation examines the quality of nursing care within a unit, in terms of structure, process or outcome. The goal is to allow nurses to grow professionally through collaboration and shared insights. There are two types of practice evaluation: incident-related and routine. The goal is to identify problems and

proactively prevent them from becoming threats to patient safety. This program for Advanced Practice Providers (APPs) currently exists while the RN Professional Practice Evaluation is currently under development.

Advanced Practice Registered Nurse (APRN)

The State of Indiana has four title protected roles as advanced practice nurses (APRNs). They must meet the Indiana state standards in order to practice as an APRN. An additional state-issued credential is required in some, but not all cases. The Indiana Board of Nurses four advanced practice roles are: clinical nurse specialist, nurse anesthetists, nurse midwives, and nurse practitioners.

Qualification for these roles is defined by completed programs through accredited colleges or universities. Nurse midwives and nurse anesthetists require additional coursework.

Additional information on Advanced Practice Registered Nurses is available on the Indiana Public Licensing Agency (IPLA) website.

Nursing Informatics

The use of technology tools in the professional practice of nursing continues to grow at a rapid pace. The role of the nurse has grown to be more than a helper to Information Technology in design of the electronic medical record (EMR) and equipment selection. The nursing informatics role is an "integral part of healthcare delivery and a differentiating factor in the selection, implementation, and evaluation of health IT that supports safe, high quality, patient-centric care." (Sensmeier, J., 2011). Nurses must be key participants in IT strategy, solutions decision making, IT change communication, and training of all technology. A strong relationship between nursing and IT is critical for our success and the outcomes of our patients. First line nurses, nurse leaders and nurse informaticists partner with IT to address opportunities to improve the usability of all technology tools used in nursing professional practice. (A. Lorenzetto, October 13, 2020)

Professional organizations, certifications and links

A list of professional nursing organizations and certifications is listed on inComm on the Nursing page under Professional Nursing Organizations.

Helpful References and Resources

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